

THE MEDICAL AND SURGICAL REPORTER.

No. 1074.]

PHILADELPHIA, SEPT. 29. 1877.

[Vol. XXXVII.—No. 13.]

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

MEDICO-LEGAL OBSTETRICS.

BY GEORGE HALSTED BOYLAND M.A., M.D.,
Of Baltimore, Md.

(Continued from Page 168.)

Perhaps the most interesting point, and the one deserving most consideration of all its bearings in this connection, is the diagnosis of birth that has occurred some time previously and been concealed. In the Midwife's school at the University of Leipzig such diagnosis is believed to be easy if the individual in question can be examined within from eight to fourteen days after. There are here so many general and local appearances at the same time; for instance, the bodily weakness always present, moist skin, turgescence of the breasts and secretion of milk in them, looseness of skin on abdominal walls, flow of the lochia, wide and relaxed vagina, size and softness of the uterus, etc., that a birth transpired ought always to be recognized with certainty; therefore, the old forensic practitioners fixed ten days as the period in which reliable signs of a birth transpired were to be found. Of a birth, on the contrary, that has occurred already weeks or months before, the very fewest traces are left on or in the body of the mother. For this reason it is important to ascertain thoroughly the diagnostic value of these isolated traces. Soft, hanging breasts are as worthless to our purpose as prominence and dark color of the nipples, or the changes in color of the areola and the Montgomery glands, which are looked upon as characteristic of first pregnancy.

All these appearances are at times only the sequences of other irritable conditions of the uterus. The pigment of the nipple areola cannot be relied upon according to the degree of its intensity; therefore, only the well-marked bright rose color of the virgin areola is a sure sign that a pregnancy has not been gone through; the subcutaneous tears or scars on the under half of the breasts, which never disappear entirely, have the same worth as the scars on the abdominal skin.

The presence of milk in one or both breasts is a very important element in awakening suspicion of concealed birth, for galactorrhoea very seldom develops itself pathologically. The absence of milk is without any worth, as the secretion, with those who do not nurse, can very soon cease, in spite of their unnatural course. The presence of scars on the abdominal parietes points to former extension of the abdomen, and in forensic cases—where it most always concerns young, strong females, and where pathological conditions, such as ascites, hydrops ovarii, tumors of the spleen and liver, are to be excluded—most always, to an accomplished pregnancy. Their absence by no means proves that abortion has not been procured; in rare cases the birth of a child at full term occurs without leaving a single scar on the abdomen of the mother. Whilst during the ordinary childbed, by proper treatment and rest, the distended abdominal muscles little by little recover their former tone, when the birth is concealed, and the mother with intention pursues her regular fatiguing duties, walking much, or at times running, and thus continuing a strong pressure of the intestines against the abdominal parietes,

a very notable looseness of the latter remains, the longer in proportion to the severity of such exertion.

A diastasis of the rectal abdominal muscles happens seldom, it is true, but shows that a pregnancy and birth, with the utmost probability, have taken place. Cicatricial formation on the anterior portion of the perineum, with generally a partial healing of the rupture, is of great significance, as anterior ruptures of the perineum are only quite exceptionally referable to other causes. Just as important is the absence of the frenulum. By mechanical influences scars or other changes would be left there. On the other hand, presence of the frenulum does not tell us that no birth has taken place, because by no means always does it tear during the first labor. The frenulum remains often intact, when the head of the child is small, soft and compressible, and passes very gradually through the vulva. This intact frenulum is always remarkably slack, and only by thorough inspection detected. The existence of the hymen speaks against the passage of a foetus, even in the earlier stages—the term foetus being applied at and after that period when the stump-like prominences indicating the future extremities of the offspring begin to develop into such, that is, about the eighth week, previous to which it is designated as embryo. Only a very early abortion can pass through the vaginal canal without lesion of the hymen.

Enlargement of the vagina gives us no aid in deciding about the occurrence of a birth; a striking diminution in the number of vaginal folds merits more attention. A cylindrical, soft, and, so to speak, loosened up portio vaginalis, with gaping round lips of the os uteri, accompanied by lateral fissures, indicate that a birth has been withstood, but do not prove it, as pathological processes on the vaginal portion easily deceive. More extensive fissures at the mouth of the uterus point, on the contrary, directly to such. The lateral fissures, especially if they were small, can, in exceptional cases, disappear to such an extent as to be unrecognizable. The looseness of the vaginal walls can also depend upon pathological process. During the first nine days after confinement the uterus can be felt, with its round, hard fundus, several finger-breadths above the os pubis; the lower segment of the uterus, giving upon pressure, and puffy, is more drawn

together with the vaginal portion; the orificium externum uteri remains open and oval. It is much more difficult, at a later period, to determine changes with reference to size and form that have been occasioned by birth.

According to Dr. Wachs, Director of the School for Midwives at Wittenberg (*Schmidt's Jahrbücher*, vol. clxv, page 69; *Tyhrschr. f. Ger. Med.*, vol. xxi, page 219, 1874), we possess in the uterine sound a means to ascertain, with surety, facts with reference to the delayed return of menstruation after concealed birth, bearing upon the size and form, as well as upon the structure of the uterus; he qualifies, however, the expression "with surety," by "to a certain degree." The uterine sound he speaks of as a means not yet as generally employed as it should be, not sufficiently prized, and altogether an excellent aid. The paper of Dr. Wachs would have had still greater value had this point been longer and more explicitly dwelt upon. The restraint after confinement upon a woman who has borne secretly brings with it a faulty reconstruction of the uterus; the fundus is never drawn together and hard, but soft and giving, and cannot, therefore, be felt from without, notwithstanding its abnormal height. The sound can easily be introduced into such a uterus, as the orificium is abnormally wide, the portio vaginalis soft, the interior of the uterus abnormally long. If the handle of the sound be lowered, its point may be felt several inches above the pubis. This condition is found, in many cases, months after, and is a very valuable aid in the diagnosis of birth that has occurred some time previously and been concealed.

The interest of the subject has, perhaps, carried us further than we intended, and we therefore crave indulgence, only desiring to direct attention to a branch of science which needs cultivation, and a special study of which might be made to yield a rich harvest.

Disease from Impure Ice.

It was found in one instance, in Massachusetts, that an outbreak of intestinal disorder was due to the use of ice. The explanation is thus given: "Of the organic matter which is suspended in the water, and which may be removed by filtration, a portion, consisting of the larger and heavier particles, settles somewhat readily. Another portion, being more finely divided, remains for an indefinite time diffused through the water, and would be drank by any one using the ice in the ordinary way."

ON TRACHEOTOMY IN CROUP.

BY JOHN H. PACKARD, M.D.,

Of Philadelphia.

Read before the Philadelphia County Medical Society, May, 1877.

The subject on which I venture to lay before you a few remarks, is one which, although often and ably discussed, cannot yet be regarded as settled. It is not, indeed, possible that it ever should be settled by the establishment of an absolute and definite rule, since the circumstances of each case, as will presently be shown, must influence the opinion and guide the conduct of the practitioner. But the discussion of the questions belonging to this topic, and the testing of theories in the light of experience, may aid us in arriving at certain general principles, such as are held by the profession in regard to some other operations, but which are not, I think, recognized in reference to tracheotomy for croup. This procedure is looked upon by many physicians and surgeons as a last resort, in the most hopeless sense; as a plan not to be thought of until life is nearly extinct. What I want to urge is, that we might often save life by an earlier recourse to tracheotomy; that, as in the case of strangulated hernia, for example, we should foresee the desperate strait, and attempt the rescue of the patient while there is a greater chance of success. There seems to me to be, in this respect, a very marked analogy between the two operations, and one which might well extend to their appreciation.

Let me first, in order to show the magnitude of the matter, call your attention briefly to some statistics as to the mortality from croup. It may be looked upon as an endemic of temperate climates, or, at least, in some regions. It is so here, in the Middle and Eastern States, and in England. The recent improvements in the method of publication of the returns of mortality in our large cities warrant the hope that before long it will be possible to procure far more accurate data in regard to the relation existing between the temperature and other atmospheric conditions, and the prevalence of certain diseases. Among these diseases we may certainly place croup.

Let me place before you a table showing, for the year 1875, and for this city, the weekly averages of the barometer and thermometer, with the percentage of croup to the general

mortality. It seems to show that the relation of thermometric changes to the prevalence of croup is closer than that of the barometric changes. Whether statistics on a larger scale would confirm the accuracy of this idea or not remains to be seen.

Week Ending	Deaths from Croup.	Total Deaths.	Percentage of Croup.	Average Therm.	Average Barom.
Jan. 9, 1875.	15	292	5.1-7	29	30.23
16	22	329	6.7	21	30.32
23	9	355	2.5	22	30.32
30	11	390	n'rly 3	30	30.05
Feb. 6	11	333	3.3	28	30.16
13	10	361	2.8	17	30.20
20	1.13	339	n'rly 4	21	30.08
27	4	386	1.1-28	41	29.94
Mar. 6	8	354	2.1-10	28	30.15
13	8	366	2.2-5	36	29.99
20	8	379	2.1	34	29.62
27	9	357	2.5	33	30.20
Apr. 3	8	387	2.1	49	30.27
10	5	334	1.5	47	30.20
17	4	391	1.1-18	42	29.83
24	5	337	1.5	39	29.87
May 1	10	393	2.5	49	29.92
8	4	365	1.1-12	50	29.91
15	5	361	1.4	61	30.00
22	4	335	1.1-5	62	30.08
29	9	355	n'rly 3	71	29.94
June 6	4	385	1.0	68	30.12
13	10	348	n'rly 3	67	30.02
20	12	318	n'rly 4	67	29.96
26	8	334	2.4	77	30.02
July 3	4	536	4-5	76	30.05
10	5	412	1.1-5	76	30.14
17	4	469	8-9	76	29.83
24	4	458	8-9	74	29.99
31	7	436	1.6	75	29.99
Aug. 7	4	390	1.1-39	70	30.02
14	2	443	5-11	75	29.98
21	3	385	5-6	76	29.93
28	5	390	1.3	67	30.22
Sept. 4	5	367	1.4	77	29.94
11	3	312	1-	69	30.21
18	5	305	1.7-9	64	30.04
25	7	257	2.7	64	30.12
Oct. 2	18	322	5.6	60	29.94
9	6	270	2.1-7	59	30.18
16	12	326	3.7	49	30.42
23	15	315	4.7-9	53	30.04
30	10	275	3.7-11	56	29.89
Nov. 6	9	271	3.2-5	38	29.54
13	19	286	6.6	44	30.06
20	8	297	2.7	41	29.92
27	11	292	4.1-5	39	30.35
Dec. 4	11	297	4.1-24	39	30.31
11	13	312	4.2	36	29.78
18	9	326	2.8-6	30	29.78
25	12	304	n'rly 4	37	30.18
Jan. 1, 1876.	8	302	2.1-5	41	30.23

As might be supposed, the number of deaths from croup varies greatly in different years. Thus the report made by a committee of this Society to the State Medical Society for 1873, contains the record of but 228 cases, to a total of deaths from all causes of 16,736; being a little less than $1\frac{1}{2}$ per cent. But according to the statistics published by the Board of Health of this city for the year 1875, there were in that year, 427 deaths from croup, out of 18,085 from all causes, or $2\frac{1}{2}$ per cent.

In 1876, the report for which has just been published, there were 386 deaths from croup, out of 18,992 from all causes, about $2\frac{1}{2}$.

Comparing these three years, we have in

	All Causes.	Croup.	
1872,	16,736;	228;	or less than $1\frac{1}{2}$ per cent.
1875,	18,085;	427;	do $2\frac{1}{2}$ do
1876,	18,992;	386;	do $2\frac{1}{2}$ do

Going further north we find recorded in New York city, in 1875, 758 deaths from croup, or a little over $2\frac{1}{2}$ per cent. of the total mortality of 30,709.

In Boston there were, from June 26th, 1875, to June 24th, 1876, 239 reported deaths from croup, out of 8750 from all causes, or a little less than $2\frac{1}{2}$ per cent.

On the other hand, in Baltimore there were, from November, 1874 to November, 1875, 140 fatal cases of croup, to 7317, the total mortality, making the proportion of croup less than 2 per cent.

A very marked change in the matter we are now considering is manifested when we get to Richmond, Va., where from January 1st, to April 15th, in 1876, there was but one death from croup, and that in the week ending February 5th.

In this city in 1875, it will be seen by the table that there was but one week in which no deaths from croup occurred—the one ending August 21st; and it was in that same week that the mortality from this cause in New York also reached its lowest point, 2 out of a total of 685.

From the weekly returns of the Registrar General of England, for the year 1875, we find the deaths from croup, in London, to have been 722 out of 81,513, the total mortality.* In 1874 they were 771 out of a total of 76,813.

From the 37th Annual Report of the same officer, we find that in England, in the year 1874, there were 5010 deaths from croup, the total from all causes having been 526,632.

Hence, in 1874, for London, as well as for England at large, the mortality from croup was very nearly 1 per cent. of that from all causes, while in 1875 it was somewhat higher. The Annual Report for the latter year has not yet been issued; or, at least, it has not yet been received here.

Croup appears therefore to be a true endemic, depending upon various atmospheric causes, thermometric and barometric conditions and changes, and, perhaps in as great a degree upon humidity and its variations, for its

*Apportionment of these among the 52 weeks shown.

prevalence. My own belief is that the changes which in our climate are so frequent, so sudden and so marked, have more influence in giving rise to this and some other diseases than any persistent condition of mere cold or heat, dryness or moisture, etc. The death-rate from croup in the humid climate of the British Islands is much below that in our dryer atmosphere: a fact which sets aside the idea that mere dampness induces the disease.

Imperfect as these statistics are, it seems to me that they give a better idea than could be conveyed in any other manner, of the character and extent of the foe with which we are now concerned. For the opportunity to procure them I have to thank Mr. George E. Chambers, the Registrar of our Health Office, Mr. C. E. Davis, who occupies a similar position in Boston, and Dr. Day, Sanitary Superintendent, New York city.

We cannot, I think, regard the data now presented in regard to croup as more than approximately correct. The diagnosis of this disease is not, in its later stages at least, difficult, but there are some sources of error which cannot be either ignored or obviated. Thus the line between croup and diphtheria is by no means clearly laid down, either in theory or in practice; and the question of their relation to each other has recently been the subject of formal discussion in one of the leading medical societies in London.

In the early stages of the former disease, as distinctly pointed out by Meigs and Pepper, there is very commonly an exudation in the fauces and upper part of the pharynx. And in many cases which for the most part present the phenomena of true croup, there seems to be associated with or underlying these a profound systemic poison, which baffles treatment, and which can only be referred to the diphtheritic type.

In dealing with affections of this form, it would be impossible to obtain a successful issue by such means as were recommended by the older authors, who knew only the sthenic disease described by them as croup, membranous or pseudo-membranous croup or laryngitis. The constitutional dyscrasia, manifested locally by the kind of exudation known as diphtheritic, and generally by symptoms of extreme depression and failure of innervation, would be only increased by such remedies as antimonials and nauseating emetics.

Yet the fact remains that a very large number of cases are reported as succumbing to a disease the prominent symptom of which is such as to obtain for it the name of croup; and for our present purpose the error may be disregarded.

When we consider the amount of suffering that is implied in these figures, both to the victims themselves and to their families, it seems as if the object of diminishing it were well worthy of careful thought. *Eight hundred and thirteen* children died of croup in this city, in the seven hundred and thirty-one days between Jan. 1st, 1875, and Dec. 31st, 1876. Can it be that this was the minimum of mortality attainable?

It may be safely assumed that in very few of these cases was the operation of tracheotomy performed. In many the treatment may have been inappropriate, or if well directed, was either inefficiently carried out, or thwarted by the bad hygienic and other surroundings of the patients. A large number of the children may have been so young that the chances for them, at best, would have been very slight.

In still another set of cases the complication of the croupal trouble by diphtheritic poisoning would have reduced the probability of recovery to a minimum, even if the occlusion of the larynx had been met by the establishment of respiration by an artificial opening.

And yet, excluding cases in which a successful issue might have been attained by judicious medical treatment alone, and those in which the extreme youth of the patients or other circumstances would have defeated any measures—allowing, in other words, a large margin of medical and surgical failures—I cannot but think that there must have been many of these eight hundred and thirteen children whose lives would have been saved by the performance of tracheotomy.

The history of most cases of croup, I think, may be summed up as follows: a day or two of domestic remedies; a day or two of medical treatment, with constantly increasing difficulty of breathing; the family, and too often the physician, becoming demoralized; the imminent approach of death, and then the question of operation mooted, with more or less hesitation on the part of all concerned, until the little patient has become so exhausted by his struggle as to have very little power with which to climb the long hill back to health, even if temporarily relieved by tracheotomy.

Among the practical questions to be considered in any case, as soon as the physician sees it, and perhaps at his every visit for days afterward, must be these: 1. How far the child's life is in danger from mere laryngeal occlusion; 2. how far other constitutional or local conditions lessen or preclude the hope of recovery, even if a free channel is artificially established for the access of air to the lungs; 3. How far the operation of tracheotomy is in itself an additional element of risk.

To answer the first of these questions is not always easy, but in general terms it may be said, that if there is any degree of cyanosis, with suppression of the voice, free and urgent movements of the chest walls, with sinking in of the interclavicular, intercostal, and infra-thoracic spaces, we should be prepared to operate.

I should myself say, that if in any case the voice is lost, the probability of an operation becoming necessary should always be laid before the parents or friends.

When there is no cyanosis, when there are remissions in the hoarseness and stridor, if even temporary ease is given by hot baths, by breathing a moist air, or by the ejection of mucus or false membranes under the influence of emetics, the operation may be delayed, and the medical treatment carefully and vigilantly pursued.

To answer the second question intelligently, an examination of the chest by an experienced ear may be requisite. Should there be evidence of extensive bronchial or pulmonary inflammation, or even irritation, or of the formation of false membranes over any considerable tract of the air passages; if the respiratory efforts are shallow, and the chest walls do not move freely, if the symptoms of general diphtheritic poisoning are present, the chance of affording even temporary relief by operation will be so small that surgical interference would not be justified.

As to the third question, it depends for its answer upon considerations which vary in each case.

1. *The Difficulties of the Operation.*—Some authors, and among them the great French writer, Trousseau, as well as our respected former president, Dr. Drysdale, regard the operation of tracheotomy as a medical one, for the performance of which every physician should be qualified. I cannot agree with them. Few surgical procedures, in my opinion, require

more nerve, or more operative skill. Sometimes, indeed, the difficulties met with are small, but sometimes they are very great. And it is impossible to tell what they will be until they are actually encountered. If I am wrong in this statement, I can only say that such has been the teaching of my own experience, and that it is confirmed by the recorded experience of many others.

The anatomical difficulties are, in a child, and especially in the plump and robust, who are so often the subjects of croup, by no means inconsiderable. They are increased by the spasmodic efforts at respiration which result from the disease.

Cases are on record in which the trachea has been wholly missed, and a tube inserted into the areolar tissue of the front of the neck. In others the whole trachea has been transfixed and the pharynx wounded.

The hemorrhage, while it may be but slight, is often for a time so profuse as to greatly embarrass any one who is unfamiliar with operating.

Of the various inventions for facilitating the operation and enabling it to be done without regard to ordinary surgical precautions, I say nothing, for I have never seen any which did away with the real difficulties. The exposure of the trachea and the opening it at the proper point are the essentials, and must be independent of mere appliances.

2. *The Subsequent Care of the Patient.*—But supposing the operation to be concluded, and the tube safely introduced, the after-treatment requires the closest and most intelligent care, with the utmost attention to the hygienic surroundings of the little patient. A moist atmosphere, at a temperature of at least 75° Fahr., with constant attention to the cleansing of the tube whenever it becomes clogged, as well as to the position of the child, to his protection from draughts of air, to his nourishment and medication, are absolutely indispensable to success. Where experienced and faithful nursing cannot be had the operation should not be done. Even in cases which are under the continual supervision of physicians from the moment of insertion of the tube, it is too often impossible to avert a fatal issue.

The operation adds to the risk of life when these arrangements for after-treatment cannot be made, since, in the first place, the air passes to the lungs directly through the tube, without

the previous warming and moistening to which it is naturally subjected in the mouth and nose, and thus irritation or inflammation of the respiratory mucous membrane is very apt to be excited. Secondly, the tube is quite rigid, and in the event of its clogging by mucus or false membranes, there is no possible chance of its yielding in any measure, as the larynx may.

And we must always consider the fact that, even under desperate circumstances, it has sometimes happened that dislodgment of the false membranes has taken place with relief. The direct force which would accomplish this is obviously interfered with by the presence of the tube; and unless we can keep the latter quite clear, we may actually diminish the chances of the child's life by inserting it.

That tracheotomy itself does not add to the risk of life, is shown by the general success attending its performance for the removal of foreign bodies in the air passages, and as an auxiliary to other operations on the larynx. A further proof of it is afforded by the frequency with which uncomplicated suicidal wounds of the trachea are recovered from. And if we examine the recorded histories of fatal cases of croup and diphtheria, in which the operation has been resorted to, we find no evidence that death was either caused or hastened by surgical interference. On the contrary, there is generally a marked alleviation of the symptoms, and the untoward result is obviously due to conditions which were beyond and beneath the local trouble, and which persisted in spite of its removal.

As summing up the foregoing very imperfect remarks, I would earnestly ask whether it is not probable that the proportion of recoveries from croup (including under this head all cases where general diphtheritic poisoning is not manifestly present), would be increased by the earlier recognition of the necessity of tracheotomy, and by the skillful performance of the operation? The number of tracheotomies would undoubtedly be larger, but would not the percentage of successes be much more augmented?

Do we not now regard the operation as a last resort, and by postponing it so long cut off, in many cases, the chance of benefit from it?

I cannot but think that the case might be put more strongly than this; that it might be correctly said that many members of the profession regard tracheotomy with serious aver-

sion, believing it to be a hazardous experiment, involving nearly as much risk as the disease itself. It happened to me to see, many years ago, a child under the care of three leading physicians in this city, dying of croup. For three or four days they plied the poor little creature with all the recognized emetics, until it suffocated, but tracheotomy was not mentioned.

Dare I say that sometimes the trouble, and anxiety, and responsibility involved in the operation and its after-treatment constitute the real objection to it in the mind of the physician?

Two points, not strictly coming within the scope of this paper, I wish to comment upon briefly:—One is, that we make the mistake sometimes of using tubes of too small a calibre. The inner tube should represent at least the normal size of the chink of the glottis in the child to be operated upon. It would be better to insert a tube rather larger than this, if anything, since our main object is to afford a temporary supply of air to lungs already suffering from the deprivation of it. We are dealing with an elastic and distensible passage, and can easily substitute a smaller instrument if the larger produces any undue irritation.

The other point is the vast amount of relief given, even where life is not saved, by this operation. It seems to me that as a merely palliative procedure its value is scarcely to be over-estimated. The harrowing struggles of the little victim give place to a peaceful and quiet ending, which, as many parents can testify, is not too dearly bought.

MEDICAL SOCIETIES.

PROCEEDINGS OF THE MEDICAL SOCIETY OF HARFORD COUNTY, Md.

The Medical Society of Harford county, pursuant to a call by the President, Dr. W. Stump Forwood, held a special meeting at Churchville, July 18th, 1877, to give expression to the feelings of respect and honor, so long entertained, and to the profound sorrow now occasioned the profession in the loss sustained by the death of Professor Nathan R. Smith.

The Society was called to order by the President, who said—

Gentlemen—We have this day assembled as members of the Medical Society of Harford

county, to make manifest, and to place upon record, the sentiments of honor and respect that we all entertain for, and to give expression to the feelings of deep sorrow felt for the loss we have sustained, in the death of a great benefactor of the human race, of the great leader of the profession in Maryland, Professor Nathan R. Smith.

Full of years and full of honors, he has succumbed to the immutable and the inevitable law of nature. His work is done, and has been "well done," and he has fully merited the title of "good and faithful servant" in everything pertaining to his profession—the relief of human suffering. Thousands this day mourn the loss of him through whose superior knowledge and peculiar skill in the healing art they have been rescued from untimely graves; and his professional brethren everywhere, for "the world was his country," bow down with sad hearts over the loss of this great man, whose light, so long their guide, is now extinguished forever!

The countenance of him that for threescore years radiated beams of hope and comfort upon the hearts of thousands, is now itself no longer illumined with the light of life; but his life-record has been indelibly engraved upon the memory of this generation, and will be preserved in the archives of the *Chirurgical Art* for centuries yet to come—the name of Nathan R. Smith, the great physician of this age, whose indefatigable labor, as a legacy to the profession, will be as carefully treasured in the annals of American surgery as that, perhaps, of any of his illustrious predecessors.

On motion of Dr. W. W. Virdin, a committee of five were appointed to draft resolutions of respect to the memory of Professor Smith. The President named Drs. Jno. Evans, W. W. Virdin, R. D. Lee, Silas Scarborough, and W. W. Hopkins as the committee.

The above Committee, through their Chairman (Dr. Virdin), reported the following resolutions, viz:—

"Resolved, By the Medical Society of Harford County, that in the death of Professor Nathan R. Smith the medical profession has lost, not merely a foremost surgeon in the State of Maryland, but one whose qualifications and deeds entitle him to rank among the memorable men of the times in which we live, and whose skill has left with his successors in practice many appliances not before known, for the alleviation of human suffering. United to wise observation, he possessed a sound and discreet judgment, and zeal in the advancement of science, which commanded respect and invited reliance on his surgical and medical skill.

"Resolved, That his modest and urbane manners, his purity of life and unflinching integrity, have won for him the esteem and love of all who knew him, and especially those of us who have received the benefit of his teaching at the bedside and in the lecture room; we mourn his loss, and have engraved

upon our hearts the model of a Christian gentleman.

"Resolved, That we deeply deplore the loss of Professor Smith, and direct that this testimonial of our veneration for his memory, our appreciation of his skill as a surgeon, and love for him as a man, be conveyed with cordial sentiments to his family."

After the reading of the resolutions, Dr. Virdin said: In presenting the resolutions, Mr. President, I desire to add my testimony to the high appreciation in which the subject of this tribute was held in the State of his adoption, where he had lived and practiced for over half a century. His was a life crowded with the pursuit and practice of knowledge, for the benefit, not of one family, or one community, but for the good of the human race. It has been sagely said that "by the pursuit of knowledge only can we really lengthen our lives." Professor Smith was granted many years of life, which he crowded with observation and deeds. His achievements are too well known to this body to need recapitulation here; but the great virtues with which he crowded a wide-spread practice of the surgeon's art and the physician's skill were benevolence, simplicity of life, and directness of purpose.

My personal knowledge extends back to my youth, when, as a student, under his wise guidance I caught the first inspirations which the great surgeon shed around him. It has been said that an orator should be selected to do honor to the character of one so distinguished. In that we all should concur. Although the goodness and greatness of his character were manifest to the passer by in his every day life, yet a careful study of his character would reveal facts that will shine as a beacon light to guide, in the future, those desirous of emulating the virtue and skill of so renowned a gentleman.

Dr. John Evans, said—

Mr. President—In seconding the resolutions, it is with feelings of sadness and sorrow that I, an alumnus of the University of Maryland, arise to say a few words to the memory of a personal friend, and confessedly one of the greatest surgeons of the age.

For over forty years I have known Professor Nathan R. Smith personally, and during that time had many opportunities of witnessing numerous capital operations by him, which were executed with the greatest skill, as he was always ready, and had a happy knack in overcoming all difficulties and obstacles in the way. I had the pleasure of listening to his instructive lectures on surgery, and can testify to his able manner of conveying his reasonings and deductions, clearly and concisely, to the class.

His great professional acquirements and extensive practice, coupled with unusual industry and great physical endurance, enabled him to accomplish much beyond the capabilities of ordinary men.

His invention of several important surgical

instruments, more particularly the "anterior splint," for fracture of the thigh and leg, which gives so much ease and comfort to the patient, and facility of dressing compound fractures; and I will mention also the improvement to the lithotomy staff, of a guide for the knife, to the groove of the staff, has identified his name and ingenuity with the greatest surgeons, not only in this, but in foreign countries.

I would venture to say that in all our land it would be difficult to find a man who has been more generous and benevolent to those who were worthy of charity. I myself have witnessed his benevolent and charitable acts.

Mr. President, I join with you and the members of this Society, in deploring the loss of such a great and distinguished member of the medical profession.

Dr. Scarboro said—In the ages of eternity the life of man is but as the blaze of a meteor. For a moment the flash of the meteor illuminates the sky, and then it is gone forever; some of those brilliant luminaries are so small that they can scarcely be observed in the darkest sky, while others are so grand as to attract great attention, and brighten the darkest night. Like the latter was the life of Professor Smith.

To those beings who live in eternity, and who view the life of man as a meteoric course, the career of this great man must have appeared as magnificent for its greatness while living, and for the vast trail of light remaining behind after his earthly existence was ended.

I have often thought what a pity it is that such genius should be confined to one life. If, after the body is worn out, the soul and intelligence could be transferred to a new body, and this could be continued for many generations, what a blessing this would be to those who follow after; but perhaps this would be very unfair to the poor imprisoned soul.

I had the good fortune to listen to the training of Professor Smith, and many of his remarks are as fresh in my memory to-day as they were more than twenty years ago, when I listened to them as they fell from his lips. His grand Roman profile is so photographed in my memory, that I can easily, in the imagination, see him standing before his lecture-table, in the theatre of the Baltimore Infirmary, endeavoring to impart the truths of his science to an eager and listening class.

Professor Smith was beloved and respected by his students in a remarkable degree. Sometimes, during the lecture season, a difficult surgical operation would call him to a distance, and detain him from his accustomed lecture for a few days; whenever this occurred, he, on his return, was the recipient of the most enthusiastic applause by the whole medical class.

The fame of Professor Smith is not only national, but it extends to countries beyond the Atlantic; it not only belongs to this age, but it will live throughout succeeding generations; and I am proud to say that I too sat at his

feet to gather the drops of wisdom as they fell from his lips.

Dr. John H. Cochran said—Gentlemen, I knew Professor Smith intimately, having first made his acquaintance as a medical student in his private office; he was most assuredly an eminent man, with all the attributes of a gentleman, never withholding his services from the poor and needy. Well might he be called the "Emperor" of surgery; he was one of the first men of his day.

Dr. W. W. Hopkins said—Mr. President and gentlemen; I am satisfied if each one present could give expression to his feelings on this special occasion, that we would, one by one, pronounce a handsome eulogy upon our deceased brother, for such is in our hearts. Nathan R. Smith is no more, and we are grieved, for we sadly feel his loss. It was my duty within the last year to visit our learned deceased brother, to consult him in a case that was near and dear to myself. I had not previously seen him for more than twelve years; time and disease had made a striking change in his noble and manly form, but I soon found that it had encaused therein that same good, noble and parental soul that we so much admired and loved when we were students at the University. In consulting him, he soon made you feel that your case was his case; and what he could do for you he did kindly and willingly. He did not speak to you in that commanding manner which his great wisdom might have privileged him to use, but his treatment of you was like a fond and noble parent to his suppliant children. Hereafter we will know him by his works. We will know him as we now know Sir Astley Cooper, Sir Benjamin Brodie, Sir Thomas Watson, and others that we might name, whose discoveries and works are their crowning monuments, erected by themselves.

There are few men among the physicians and surgeons of America whose names are more familiar to the profession of the whole world than that of the great man whose loss we this day mourn; and none whose death will be a greater loss to the community at large. His life, from early manhood, has been devoted to acquiring medical and surgical knowledge, and in applying the same for the relief of suffering humanity, both as a teacher and as a practicing physician. He was not a *specialist*; his great fame was made years ago, when medicine and surgery were not divided into so many branches as now. To be a great surgeon in his younger days it was necessary to be acquainted with every branch of medicine and surgery; and his comprehensive grasp of all is what made the great fame of Nathan R. Smith. As a lecturer he had few equals; as an operator he had no superior. The English surgeon, John Erichsen, said that "he well deserved his great reputation."

As New York cherishes the memory of her valiant Mott, and Pennsylvania loves to do honor to her distinguished Gross, so does Mary-

land feel proud of having had a Nathan R. Smith, whose life was not only an honor to his profession, but to his adopted State. He was one of her brightest ornaments. All that a grateful profession has to give to his memory will be given.

Dr. R. D. Lee then arose and said—

Mr. President—After the beautiful and appropriate remarks of the gentlemen who have preceded me, on the life and character of Nathan R. Smith, I feel that it would be an unnecessary waste of your valuable time to attempt anything in that line; but, sir, you have heretofore impressed us with the importance of the living honoring the dead, when the icy hand of death has been laid on members of our Society, and they have been stricken down in their fields of labor and usefulness; we, in common with the communities in which they lived and labored, have paid our tribute of respect to their memories. We are assembled to-day to express our deep regret for the loss of one whose life-long devotion to the relief of suffering humanity might furnish a theme for the loftiest inspiration of the poet, or the grandest eloquence of the orator. Men may be equally learned in anatomy, equally skilled in operating, equal in mechanical ingenuity, equal in nerve, but it was his fortune to combine these qualities to an eminent degree, which constituted him, perhaps, one of the greatest surgeons of the day. The profession and students styled him "Emperor," and he could as becomingly have borne imperial honors as he did the laurels so nobly earned in his profession. His name and fame belong not to a city or a state, nor are they limited by the length and breadth of this fair land, but extend beyond the broad ocean, and will be honored and respected wherever medical science and surgical skill are known and appreciated. He will need no more enduring monument to perpetuate his name than the improved surgical appliances, especially the "Anterior Splint," that his inventive genius has given for the relief of his fellow man.

The resolutions were adopted unanimously, and the Society adjourned.

H. CLAY WHITEFORD, M. D., *Secretary.*

Disinfectants.

Professor Hartshorne, in his lectures on hygiene, divided disinfectants into—*I.* Absorbents; *e. g.*, dry earth, lime, and charcoal. *II.* Antiseptics; sulphurous and nitrous gases, chloride of calcium, zinc, iron, chloralum, bromo-chloralum, sulphate of iron, and carbolic acid. *III.* Decomposing agents; for sulphurated hydrogen, salts of lead (nitrate); for dead organic matter, chlorine, iodine, bromine, and permanganate of potash. *IV.* Destroyers (?) of contagion and disease germs; carbolic acid, salicylic acid, heat, and cold.

EDITORIAL DEPARTMENT.

PERISCOPE.

ABSTRACTS OF PAPERS READ BEFORE THE BRITISH MEDICAL ASSOCIATION.

(Continued from page 234.)

A Case of Ununited Fracture of the Femur Treated Successfully by Operation.

BY REGINALD HARRISON, F.R.C.S., LIVERPOOL.

Mr. Harrison related the particulars of a case where, after various means for obtaining union of a fracture of the femur of some months' standing had failed, the following operation was practiced by him. The patient was a sailor, twenty-six years of age. An incision was made, by which the fractured ends were sufficiently exposed. As the bones overlapped, the lateral surfaces of the fragment were bared to the extent of their overlapping, viz., nearly three inches. To hold the fragment thus bared in close apposition, the bones were encircled by two pieces of copper bell-wire. The bones being held together in this way, a drill-head was passed through both fragments, one end of which was left projecting through the wound. The wound was closed by suture, and the limb placed on an interrupted splint. On the fourth day the drill-head was removed. Union progressed satisfactorily; and two months after the operation the wires were removed, when union was found complete. The patient recovered with three inches of shortening, and has resumed his occupation as a sailor. The author of the paper considered that, whilst contact of the opposing surfaces of the bone was thus maintained by the wire, by encircling the bones with them, and not passing them through the bone structure, the risk of an excessive or prolonged inflammatory action was avoided. After union was complete, some minute portions of bone were exfoliated. Two years after the operation the wound remained soundly healed, and but little inconvenience from the shortening was experienced by the patient in the exercise of his duties as a sailor.

The Treatment of Spina Bifida by Injection of Iodo-Glycerine Solution.

BY WILLIAM BERRY, L.R.C.P., ED., WIGAN.

After enumerating the different modes of treatment that have been employed, together with a few remarks on the coverings and contents of the sac, the author briefly reported the results of two cases he had treated after the manner recommended by Dr. Morton, of Glasgow. In concluding, Mr. Berry pointed out that little or no fluid should be drawn from the sac previously to the injection, with the exception of what is taken at the preliminary tapping, and, also, that two, or at most three, tapings and

injections are sufficient, if sufficient interval be allowed for absorption to take place.

Extirpation of the Lachrymal Gland in Obstruction of the Nasal Duct.

BY EDWYN ANDREW, M.D., SHREWSBURY.

In long-standing bad cases of nasal obstruction, with great muco-purulent discharge, extirpation of the gland was recommended as the best, if not the only, means of curing the disease. The incision should be made through the skin and subjacent structures at the outer and upper front of the angle of the orbit, close to its margin, the gland felt for, and removed by a hook and curved scissors. The edge of the wound should be brought together by sutures, and a drainage tube introduced at its most dependent part. Some swelling and impairment of the movements of the lid remained for about a month; the discharge gradually lessened, and generally ceased in about eight weeks, when the cure was complete.

The Transfusion of Blood in Obstetrical Practice.

BY DR. J. R. ROUSSEL, OF GENEVA.

In this paper the author said that the indispensable conditions of a good transfusion were the following: 1. The transfused blood should be from a similar origin to the blood to which it is added, i. e., blood from man to man, and venous blood into veins. 2. It should continue to be vital and unaltered in its most intimate composition, in its corpuscles, fibrin, gases, density, temperature, and movements; not having been subjected to contact with the air, its germs and dust, or any other materials, such as metals, glass, ivory, sulphuretted india-rubber, etc. 3. Its quantity and the velocity of the flow should be entirely under the control of the operator. 4. The whole operation should be simple, rapid, and without any danger to either subject. Dr. Roussel then described his apparatus for immediate transfusion.

Dr. Martin (Berlin) advised transfusion of pure human blood. He could not countenance the use of defibrinated blood, or of any not human. Transfusion was performed, as a rule, at too late a stage to save the patient; he advised that anæmic vomiting should not be waited for, but that as soon as the pulse became very weak and irregular, and a tendency to fainting appeared, after the loss of a large quantity of blood, the operation should be at once resorted to. He showed the apparatus used by his father, which consisted of a simple glass syringe and a long thin elastic canula, and advised simplicity of apparatus.

Dr. Atthill (Dublin) was in doubt as to the value of transfusion in all the cases in which it was practiced. He had had three cases at his hospital: one died, one recovered. He

thought that in some the patient might have done better without it. Of the two unsuccessful cases, in one harm seemed to be done, for, after the injection of ten ounces of defibrinated blood (without the pulse improving at all), the patient complained of great pain in her side, and died in great agony in an hour and a half. He was in favor of using defibrinated blood, as there would be then less danger of embolism. He showed Dr. R. McDonnell's instrument, which consisted of a glass receiver and a long elastic tube, at the end of which was a canula. With this he thought there was no danger of air entering, and that there was no need for hurry, as the blood, by keeping up its temperature, could be kept out of the body for as long as half an hour.

Investigation of the Interior of the Uterus by the Carbollised Hand at Long Intervals after Delivery.

BY J. MATTHEWS DUNCAN, M.D., EDINBURGH.

A case of severe septicæmia was narrated, in which the operation was performed with success. It was done on the fourth day after delivery, and a patch of fetid chorionic membrane removed from the fundus uteri. The alarming symptoms were at once removed. The case was followed by historical remarks bearing on the proposed operation, as well as by physiological, pathological and experimental details, in illustration of its feasibility.

Dr. Braxton Hicks said that he had passed his hand into the uterus a month after delivery.

The President deprecated rashness in the matter; he thought that the idea might be made use of in cases of retained membranes after abortion.

Dr. Graily Hewitt did not agree with Dr. Duncan as to spasmodic contraction of the uterus; there was no spasm; only the upper part of the uterus being filled, it could not contract when the lower part did.

Mr. Carson (Liverpool) had introduced his hand into the uterus nine days after delivery, to remove a firmly adherent portion of placenta.

Dr. Henry Bennet (London) thought that most of the cases of difficulty of removing membranes, and of rigidity of the uterus, were the result of pathological conditions present before pregnancy. He advised that in all these cases the uterus should be examined two months after delivery.

Fœtal Therapeutics.

BY ALFRED H. M'CLINTOCK, M.D., DUBLIN.

The object of this paper was to defend and strengthen the proposition that medicines given to the mother for some considerable period of pregnancy can produce beneficial effects on the fœtus. The author touched briefly (time not permitting him to do more) on the experiments which have been made to test the possibility of any direct transmission to the child *in utero* of drugs administered to the mother, and which experiments seem to have determined this question in the affirmative. This result is

corroborated by the fact that many diseases, *e. g.*, variola, syphilis, scarlatina, etc., though contracted by the mother at varying periods subsequently to impregnation, may, nevertheless, affect the offspring of such impregnation. He alluded to cases in America, where hypodermic injections of morphia and of atropine, given to the woman during labor or pregnancy, were considered, and with every appearance of truth, to have injuriously affected the fœtus *in utero*. He cited the experience of Simpson with regard to the good effects of chlorate of potash in cases where the fœtus dies *in utero* at the sixth, seventh, or eighth month, from what Simpson called placental phthisis. He also cited the experience of Dr. Thornburn as to the influence of chlorate of potash, chloral, nuxvomica and iron upon the fœtus, when administered to the gravid woman. Lastly, the author described the results of his own experience in cases of women prematurely giving birth to dead children; and recommended, for the purpose of saving the life of the fœtus, a combination of chlorate of potash and the tincture of the perchloride of iron, given in pretty large doses, for several weeks during the latter half of gestation. In his hands this combination had been signally successful in saving the life of the fœtus, and consequently in prolonging gestation to the full term. He related several instances where women, who had previously borne one, two, three, and, in one remarkable case, nine dead children, went to the full time when treated on the plan he recommended, and who gave birth to living children. In one of these cases the treatment was omitted in the succeeding pregnancy, and the child was lost. He also mentioned four cases he had under treatment, and who were then in the last month, and had daily consciousness of the vitality and vigor of the child, by the frequent and oftentimes unpleasant activity of its movements. Dr. McClintock ended his paper by very briefly summing up the heads of evidence in support of the possibility and reasonableness of therapeutic treatment of the fœtus, whether we admit or deny that the medicines directly act upon the fœtus. 1. It is a well-known fact that diseases, *e. g.*, syphilis, small-pox, scarlatina, ague, etc., contracted by the pregnant woman, may be communicated to the fœtus she is carrying. 2. Careful investigations have demonstrated that various drugs given to the pregnant woman may reach the fœtus, and be found in its blood or secretions. 3. Clinical observations establish the fact that therapeutic effects on the fœtus *in utero* follow the administration of various medicines, when given to the mother for a sufficient length of time. Dr. Darby (Bray) mentioned a case in which there was a history of the husband having suffered from syphilis; there were fourteen dead children born in succession; but the mother, during her fifteenth pregnancy, having taken a course of bichloride of mercury, the child was born alive. Dr. Nunn (Savannah) related a case, in which the mother taking

strychnia, the child was born with tetanic spasms. Dr. Thorburn (Manchester) remarked that it was to the general practitioners of the country that we should have to look for the further elucidation of this subject. He mentioned a case in which iron, administered to the mother, had a darkening effect on the hair of the child.

Latent Gonorrhoea as an Impediment to Marriage.

BY J. THORBURN, M.D., MANCHESTER.

The author reminded the meeting of a remarkable paper, written by Dr. Noeggerath, of New York, in 1872. This paper assumed that gonorrhoea in the male is rarely, if ever, cured, but remains in a latent form; that this latent form is nearly always communicated, after marriage, to their wives, producing in them sterility, abortion, and constant liability to uterine and pelvic inflammations; 80 per cent. of all men were also stated to be in this position previous to marriage. Dr. Thorburn then referred to the way in which these opinions had been more or less accepted by subsequent writers on gynecology. Denying this possibility, he appealed to the statistics of eighty-one private families, carefully collected by him. He showed that there had been 33 per cent. of male gonorrhoeic infections previous to marriage, twenty-six in all; and, taking all the cases of abortion, sterility, uterine and pelvic inflammations, and living births that had occurred in these eighty-one families, he showed conclusively that there was the merest fractional difference in their proportion between the previously and not previously infected classes. As regards inflammatory pelvic affections, the balance was fractional in favor of the free gonorrhoeic cases. The conclusion was that the *latente gonorrhoea* of Noeggerath is mythical, and is not, as it otherwise would be, an imperative barrier to marriage.

Treatment of Uterine Flexions by the Intra-Uterine Stem.

BY THOMAS CHAMBERS, F.R.C.P., LONDON.

The paper contained a narrative of cases treated by the author, and set forth the class of cases adapted for the stem, the mode of operating, and the after treatment. The chief objections to the stem treatment were severally examined and refuted. He said there were two difficulties from which women suffering from uterine flexion sought to be relieved—pain and sterility. Pain divided the sufferers into two classes: those in which the pain is present during the period only, and those in which it is continued through the interval as well. The special treatment adapted for each class was set forth. The author divides the cervical canal on both sides, including the internal as well as the external os uteri, with a Simpson's hysterotome, and places the stem in position at once. This plan was more satisfactory in its results, was a saving of time to the operator, and gave less pain to the patient. The operation was easy, simple, and safe, if carefully performed; and the stem might be

worn for two or three months, or longer. He gave particulars of one case where the stem was worn six months with very great benefit. He had treated fifty-three cases; some had been cases of great anxiety, but none were fatal. Dr. H. Bennett felt bound to state that his whole experience was antagonistic to the doctrines and treatment recorded in the paper read. The uterus enlarged under the influence of every physiological or pathological excitation, from the presence of an ovum, of a tumor, of any form of irritation or inflammation. On removal of the exciting influence, its tendency was to fine down. In retroversion, invariably connected with increased volume and weight, all that was necessary was to remove the cause, and to wait. Time was an important factor in uterine therapeutics. Results rapidly obtained were not to be depended upon. Patients should be kept for a length of time under observation, and should be seen and examined at intervals. There was now a craze for the displacement theories of morbid uterine phenomena, and for their treatment by mechanical means. Every winter, in the south of Europe, he picked out pessaries from the vaginae of a large number of women, married and unmarried; these women had been sent abroad to travel (many of them with young husbands), much to their detriment.

Drainage in Ovariectomy.

BY G. G. BANTOCK, M.D., LONDON.

The author was much opposed to drainage through the vagina; he was in favor of drainage through the abdominal wall. He would insert the drainage tube whenever there were any large adhesions from which there might be oozing, or in any case where there was inflammatory change in the cyst. Mr. Spencer Wells hoped and thought there will be found some way of draining the lower part of the pelvis; at present, in spite of all care, discharges sometimes collect in that spot. Previously he had said, in reference to the drainage tube, "In cases of doubt, do not use the tube." Now he would say, "In cases of doubt, use the tube." Fluid should come away at once.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—The Post-mortem Imbibition of Poisons, more especially in its Medico-legal Relations. By John J. Reese, M.D. Extracted from the Transactions of the College of Physicians, of Philadelphia.

The article was elicited by reason of a question proposed by a correspondent of the *Medical Times*, "Whether the embalming of a dead body by means of a solution of arsenic injected

into the arteries might not be the means of arresting the arm of justice in a case where the death had been occasioned by poisoning with arsenic?" The opinion prevalent before the time of Orfila, that the contamination of a dead body by arsenic in the soil of a cemetery was quite possible, he believes to be erroneous, on account of the insoluble state of the metal in the earth; but the impregnation of a body by intentional means is a question not so easily disposed of. In fact, he thinks it not only a possible thing, but also quite an easy act, for the poison, being introduced into the stomach or blood vessels, may permeate the body generally, by osmosis. An interesting history of a case of this character is related, in which, although arsenic was found in the liver and stomach, yet, from the fact that the liver was broken down, and that no yellow sulphide of arsenic was found, as well as from circumstantial evidence, "the defence planted itself firmly on the ground that the poison had been designedly introduced into the body." The case was abandoned by the prosecution after the preliminary hearing.

Dr. McCracken's late experiments upon dogs are cited as a corroboration of his view of the question.

—*Infantile Therapeutics.* By John A. Larrabee, M. D. A paper read before the Kentucky State Medical Society.

The opening paragraphs of this excellent little monograph of fourteen pages are concerning "Nourishment of Infants," and the statement is made that "during the early months and years of childhood attention to diet forms the principal part of practice in infantile diseases." He strongly urges the mother to nurse her offspring, and is of the opinion that the instances are few when the mother is unable, and this inability, with proper effort, could often be obviated. He would not debar an infant suffering with inherited syphilis from the breast, but would rather embrace the opportunity as a favorable one to treat both mother and child. He would like to rank the artificial feeding of infants as a crime next to fetal murder, if it is possible for the mother to nurse her offspring. Cow's milk should not have common sugar added to it, but lactine, or sugar of milk, and the addition of "granum" is advised, to separate the casein, and to act mechanically in the prevention of cheesy masses. The cold bath is denounced, unless

used to arouse in asphyxia, coma, etc. The mercurials, in doses smaller than formerly used, he considers of great value. Unfermented malt occupies a prominent place in his remedies. He uses it with happy results in convalescence from the ordinary fevers, tuberculosis, continued cough of pertussis, and in all diseases of mal-nutrition. He is of the opinion that quinine has pushed other valuable bitter tonics too much from the field. Crow's bill and logwood are his astringents; the wine of ipecac his emetic; digitalis the cardiac stimulant; aconite the cardiac sedative; conium the spinal sedative. Salicylic acid is lauded as an anti-rheumatic and anti-neuralgic remedy. Jaborandi is used for dropsies depending upon kidney disease; and ergot is employed in congestion of brain and spinal cord, and in catarrhal and mucous diseases. Chloral hydrate is favorably spoken of, but must be used with caution in convulsions depending upon exhaustion.

The remarks upon quinine show much practical wisdom, but are too lengthy to condense within the limits of a notice already sufficiently extended. If more of our monographs circulated such sound, practical knowledge, the profession, no doubt, would be thankful.

—*Communications of the Rhode Island Medical Society, for the years 1876-77.* Vol. I, containing an article on diphtheria, by Walter E. Anthony, M.D.; also the Act of Incorporation of the Rhode Island Medical Society; together with the By-Laws, as amended June 13th, 1877, and list of members.

BOOK NOTICES.

Medical Reform. By David Hunt, M.D., Boston, Mass. pp. 50. A. Williams & Co., Boston.

This is the title of a neatly bound and printed book of fifty pages. The evolution of medical doctrines is traced from Paracelsus, who is considered "the great medical reformer, the Luther of the healing art." The light in which he places this man, more commonly called the Father of Quacks than a "Medical Luther," is far different from what we have usually been taught, and that which is described in English and American biographical sketches of his character. The modern German medical historians steadfastly maintain that he deserves an eminent position among the leaders of the healing art. It is claimed that he founded

modern chemistry; that he had a "brave, original and independent spirit;" that it was he who gave such a severe blow to the scholasticism of his day, and that he was a great healer. The author then leads us up the centuries, showing how Ursuline, Fallopius, Sylvius, Von Helmont, Harvey, Des Cartes, Glisson, Stohl, Haller, Cullen, Bichat, and a host of others, whose names are as familiar to scientists as household words, effected changes in medical ideas and practice.

He shows us that the number of homœopathic physicians in any country is in exact proportion to the degree of culture of that country. "Spain, Russia, and America have more powerful and larger bodies of homœopathic physicians than Germany and England.

He is of the opinion, contrary to that of Professor John W. Draper, that America has done but little for science, and conceives the reason to be due to political and social causes; and his remarks upon some of the evils of American life are worthy of careful thought. "Socially, the lack of arbitrary distinctions has naturally led us to place great value upon the external indications of social superiority," and yet, he thinks, "there is but little in American social life to foster an undue pride in ourselves." We are considered as given to "empty, showy form," to "vulgar, open affectation of class superiority." Here culture is abused, refinement distorted; and the nation has abandoned itself to a stupid, flaunting mimicry of that mode of Parisian life that makes French culture blush for its own capital.

The question, shall negroes ride in the cars, sleep in hotels, etc., would be met with amazement in Austria and France. Of equal "social nicety" is the Jew question, "that agitates the city of Fisk and Tweed." Such things in connection with our political experiments are considered the cause of our slowness to advance science. The views of the author in regard to the influence of the practical achievements accomplished by man in the last century, upon religion and education, will not be endorsed by every one. Whether the "old doctrine of special designs" has been so greatly shattered by science is questionable. We believe, with Joseph Parker, of London, that there are many who rejoice in the progress of true science, but refuse to be made into chemical laboratories, or to be ticketed as so much animated carbon or salt; and that the world is ready to accept the

uncertainties of evolution carried to such extremes as the rejection of special designs is doubtful. Neither do we believe that religion and science are antagonistic. Le Comte says: "I have all my life sought, with passionate ardor, the truth revealed in the one book (Nature), but I cling no less passionately to the hopes revealed in the other." He does not consider this to put him in a position of prejudice, but he believes that the intense interest and love of the truths revealed in both books is the only condition of a rational view of their mutual relations. How different is this from the sentiment of our author, who declares, "no faith can dominate where highest culture in philosophy and science is sought." The writer evidently is an evolutionist; so are we, but not carried to the extent of an absurdity.

In speaking of American practitioners, he says we have thus far produced no specimen of the highest grades—no Hunter or Virchow. Good men, practical men we have, but none to whom the profession "is mainly or only of interest as furnishing material for observation and comparison." Specialties are chosen because the honors are easier. Hospital and college connections are sought to gain consultations, and a respectable means of advertising.

School reforms are now noticed. Length of term of study alone is of no benefit under a vicious system of study. He agrees with Huxley, "that members of the medical profession should be able to do exactly what the public give them credit for being able to do." He asks; "how many graduates were examined as to their capabilities of discovering traces of the alkaloids in mixtures containing organic substances, while they are unable to relieve or even diagnose with exactitude a simple otorrhœa, keratitis, or eczema." "The teachers," he says, "are employed; but if they do not teach, to what good are they appointed." To condense the author's ideas of reform, he believes: "an earnest, honest attempt at reform of the methods of teaching, and a thorough adjustment and arrangement of the subjects taught in our medical schools would be far better than extending the time of study. The aim of medical education should be to form a good observer, not a well crammed graduate. It is better to fit the student to select from the mass of medical literature of the day, than to incite him to attempt an acquaintance with it all.

THE

Medical & Surgical Reporter.

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	\$5.00
Half-Yearly Compendium of Med. Science,	2.50
Reporter and Compendium, - - -	7.00
Physician's Daily Pocket Record, - -	1.50
Reporter and Pocket Record, - - -	6.25
Reporter, Comp. and Pocket Record, - -	8.25

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders be drawn to order of

D. G. BRINTON, M. D.,
115 South Seventh Street,
PHILADELPHIA, PA.

PREMIUMS AND INDUCEMENTS.

From and after the first of October we are offering to all *new subscribers* the REPORTER for fifteen months (October 1, 1877, to January 1, 1879) for five dollars, one year's subscription price.

That our old subscribers may also receive an equally liberal offer, we make them the following proposition.—

Any old subscriber who will send us one new subscriber to the REPORTER, remitting ten dollars to cover the two subscriptions, will receive the Physician's Daily Pocket Record for 1878, or the Half-Yearly Compendium for 1878, *gratis*, as he may prefer.

Any old subscriber who will send us a new subscriber to both REPORTER and COMPENDIUM, remitting twelve dollars to cover both subscriptions, will receive a copy of either *Napheys' Medical Therapeutics*, or *Napheys' Surgical Therapeutics*, as he may prefer.

THE RELATION OF SANITARY SCIENCE TO A PHYSICIAN'S BUSINESS.

Never in medical history has such activity been displayed in sanitary science as of late years, and the question may very naturally arise in the profession, is this intense energy toward the prevention of disease and the attainment of a higher status of health antagonistic to the temporal welfare of the physician? Is it that, as the years roll on, the doctor is to be less and less in demand, and the profession so barren of remuneration that a wholesale exodus from its ranks will be caused? And will it suggest to the aspirant for a medical degree the propriety of choosing another vocation?

Every right-thinking physician recognizes his duty to attempt to erect a barrier against the encroachments of disease, and to disseminate among his patrons and the public at large rules pertaining to the development of the body and mind.

It is usually admitted that the physician must be above expecting riches as his reward; that his chief pay is in the smiles, the thanks, and the blessings of mankind; that his life's work is to combat sickness and to prevent untimely death. We must not forget, however, that many of the instincts and passions of human nature burn as strongly in his bosom as in the rest of the plodding world. He desires for his wife comfort and ease; for his children education; and no matter how much he may have succeeded in lifting himself above sordid, groveling desires, such feelings cannot, ought not be repressed.

Even in such men it is quite probable the question arises, What will be the effect of sanitary science upon my business? It is likely that as he works with hands, heart and soul, toward the upbuilding of a noble system of sanitary laws, he wonders whether his sources of gaining means of meeting these instincts and desires, or even of an humble sustenance, are being undermined.

If the answer were, that such is the tendency

of hygiene, yet we have such faith in the nobility and disinterestedness of many members of the medical profession, that there is no question in our minds but that if they knew that woe and misery were to be checked, a stimulus, and not a damper, would be applied to their exertions.

Now and then we read an obituary of a physician who, throughout life, refused superfluous comforts, bearing, with the coarsest fare and humblest life, devoting all his faculties and strength to the sick of both the rich and poor alike. Hundreds of such unwritten histories have existed, and do exist to-day.

Notwithstanding the peculiar and unselfish nature of the medical profession, it is not unfair to look the question stated fully in the face, and especially as we believe the answer is such that it will serve only to strengthen the hands and cheer the heart of the physician in his work of disease prevention.

In the first place, hygiene, for generations to come, will only produce a bettering of our condition; and in no wise may we hope for an infallible check to disease. There is no doubt "that if a perfect system of hygiene existed, if our knowledge were exact, and our means of application adequate, we should see a human being in his perfect beauty," and the practice of medicine, in its therapeutical aspect, a superfluity. We believe with Parkes, however, "that the last disease will disappear only when man is perfect," and whether the world is to see such a consummation, no man can say; and it is only that hope does in some measure grow as the ages roll on.

Hygiene has made many notable and noble successes in years gone by; it has decreased the number and virulence of scourges, and prolonged the duration of life; and yet the profession of to-day is no weaker. Centuries have passed since the great fire in London taught the people the practical truth that such an awful visitation as the plague was not the infliction of a vengeful Providence, but the direct

result of neglect or ignorance of the laws of health. Accordingly, by greater attention to food, air and cleanliness, London, with its immense population, now flourishes in comparative security.

Modern science bids fair to protect us from the scourge of small-pox. Drainage, building better houses, choosing better sites for a home, and obtaining better food and warmer clothing, have given to ague, in many places where it once was a scourge, a death blow.

While formerly maritime expeditions were often attended with much sickness and frightful mortality, now they are accomplished with but little illness and few or no deaths. The same improvement has been carried into prisons, workhouses and hospitals; into the army and navy; into the church and school-room.

With this bettering of the race, this arrest of evils, are the allurements of the profession any less? The crowded ranks and the overflowing colleges of medicine would seem to answer to the contrary.

The march of sanitary law, then, is so slow, and is so little affecting the standing and construction of the medical profession, that no danger is to be feared of its harming the physician's business.

This, however, is rather an unsatisfactory and unjust way of looking at the subject. Is it simply a question of time? Is the practice of medicine safe, simply because the onward progress of hygiene is slow? Under the present system of things, hygiene can be naught else than a physician's best handmaid, an adjuvant stronger than drugs. It is probably the scheme of Providence that man shall not be healthy; that diseases of mind and of body may be the cross he has to bear; or it may be the evil against which he has to struggle, and "whose shackles he is finally to unloose." Such being the case, the doctor remains a necessity, and the laws of health are but weapons that he uses, with his therapeutics, in the relief of suffering humanity. Every advancement of sani-

tary science may weaken therapeutics, but not medicine as a profession. This applies to the general cultivation of hygiene among the masses as well as in the profession. "Were the intelligent classes of society," says an English writer, "better acquainted with the functions of the human body, and the laws by which they are regulated, the sources of much suffering would be dried up, and the happiness of the community at large be essentially promoted. Medical men would no longer be consulted so exclusively for the cure of disease, but would also be called upon to advise regarding the best means of strengthening the constitution, from an early period, against any accidental or hereditary susceptibility which might be ascertained to exist. More attention would be paid to the preservation of health than is at present practicable, and the medical man would then be able to advise with increased effect, because he would be proportionably well understood, and his counsel, in so far, at least, as it was based on accurate observation and a right application of principles, would be perceived to be, not a mere human opinion, but, in reality, an exposition of the will and intentions of a beneficent Creator."

What physician is there who would not choose to practice in a family well informed concerning medical and hygienic matters, rather than among those who persist in wearing a charm of *assafoetida* about the neck, and applying onion poultices to the feet? In the one he finds intelligent coöperation; in the other often inquisitive, meddling, nonsensical, ignorant officiousness. The one considers careful watching and hygienic direction of equal value with therapeutics; the other demands a panacea, until today the *materia medica* is full of placebos, to meet the expectations of these medically uninformed.

These two classes are not divided by the line used by the social world. The rich are often wofully ignorant of the majority of the laws of health, and are completely at sea in a sick

room. The physician often finds his most intelligent and coöperative families in the middle or humble walks of life. All this is to show us that hygiene is one of the strongest resources of the physician; and it most certainly teaches us that we should strive to widen its scope, to diffuse its doctrines, to embrace every opportunity to inculcate its rules. It shows us also the value of institutions devoted to the dissemination of scientific and medical knowledge among the public. The fruitage of all this will be in favor of the regular profession. Ignorance and quackery are twins; and the more light there is given to the public upon science and medicine, the more is the darkness of quackery chased away.

NOTES AND COMMENTS.

Interesting Physiological Experiments.

At a recent scientific meeting, Professor Ludwig gave a description of some work which had been done in the Physiological Laboratory of Leipzig, under his direction.

1. *Effects of Transfusion as compared with Feeding with Albuminous Bodies.*—The experiments showed that if blood were transfused from one animal (dog) into the vessels of another animal of the same species, the latter animal after a few hours became very hungry, and required food to be given it to sustain it; while, if the fibrin obtained from the same amount of blood were given by the mouth, the animal was properly nourished.

2. *Effects of Ligature of both Thoracic Ducts in the Dog.*—When this operation, a difficult one, was performed, and the dogs recovered, a curious state resulted. The receptaculum chyli burst; the chyle was extravasated into the surrounding parts; and the lower quarters and legs of the dogs became quite puffy and, to all appearance, cedematous. But this swelling was caused by the chyle, which found its way under the fasciæ of the muscles and gravitated toward the limbs; a fatty cedema being thus produced.

3. *Feeding Dogs with Sugar, Fatty Matter, and Albumen.*—(a) If a dog were fed with sugar, no trace of it was to be found in the portal vein, or even in the small intestine; none was found in the chyle. It seems, therefore, that sugar is very rapidly decomposed in

the intestine. (b) In dogs fed with fatty matters, the chyle from the thoracic duct, on being analyzed during digestion, yielded 13 per cent. of fat, whilst the amount usually obtained is given at 4 per cent. (c) In feeding with milk, even twenty-four hours after the meal milk is to be found in the stomach; and it seems that the albuminous and other constituents of the milk are only passed on in small amounts into the duodenum; and this, it was suggested, was probably regulated by some reflex mechanism.

Is it Wicked to be Clean?

The editor of the *Medical Press and Circular* clinches an argument on the Acts for the prevention of the spread of venereal diseases with the following unanswerable argument:—

We cannot recognize as a valid reason the desirability of permitting the propagation of venereal as a penalty upon prostitution. We might as reasonably maintain that typhoid fever should be cultivated as a tax upon dirt, or gonorrhoeal ophthalmia as a penalty upon undue amateness. We should like to see the subject discussed without the intervention of this or the religious argument. Can the would-be repealers of the Acts really disprove the statement that their effect is to stamp out syphilis? If not, they may, we think, spare the profession the argument of the question on sentimental grounds.

On Real and Mental Hydrophobia.

Some years ago it was strongly maintained, among others by Dr. Whitaker, of Cincinnati (we believe), that hydrophobia may take place without inoculation. A variety called "mental hydrophobia," occurring without poisonous infection, is described in some English journals. An experienced veterinary surgeon, however, Mr. George Fleming, writes:—

Hydrophobia is largely on the increase in this country, owing to causes which we need not here specify, and none of the deaths, so far as I can ascertain, have been of persons who were not inoculated with the saliva of an animal susceptible of rabies. Mental hydrophobia could surely occur without the intervention of a rabid animal. Mental anxiety may lead to an earlier development of the disease after inoculation, but not always. I have known of many persons wounded by really rabid dogs, who suffered months of miserable torture and suspense, but did not become hydro-

phobic. I have myself been inoculated and kept in an unhappy state for a long time.

My opinion, therefore, is, that real hydrophobia is not a mental disease any more than is tetanus, but is a specific, inoculable malady, which we can produce at will and experimentally, in a certain percentage of animals purposely inoculated with the saliva of a rabid animal. There is a *pseudo-hydrophobia*, but I have never known it to be fatal, and the symptoms are widely different. It is produced merely by fear, and can be readily allayed by tact and judicious management. Real hydrophobia is always fatal.

Hints on Horse-shoeing.

A writer in the *Southern Medical Record* justly says that although this is not a medical topic, yet medical practitioners, more, perhaps, than any other class, need to know how a horse should be shod.

The length of time a shoe should be worn will, of course, depend upon the kind of work the horse is doing, and the sort of roads over which he travels.

In four to six weeks the hoof will have grown too large for the shoe, which will press inward upon the soft parts of the foot, and the horse will become lame. Before this occurs the shoe should be reset, or a new pair put on. As a general rule a saddle horse will ride better without corks on his shoes. The shoe should be made to fit the foot, and not the foot the shoe. It should rest firmly and uniformly upon the outer rim of the hoof, so as to require little or no dubbing off of the hoof by the rasp. Three nails on a side are enough, to be driven in with such inclination as to come out at a point about one and a half inches above, and yet so shallow as not to touch the quick. To know how to do this properly the smith must study the anatomy of the horse's foot. A small, tough nail, made to fit tightly the hole in the shoe, should be used, otherwise the shoe will soon become loose.

The frog in the foot may be lightly trimmed, so as to remove any jagged portions, but should not be cut or rasped off, as is usually done. It is somewhat elastic in structure, and is evidently designed to lessen concussion and divide the pressure upon the foot. The hoof should not be burned in fitting the shoe, as is commonly done. Unless your smith is very trustworthy, it is well to stand by and see your horse shod.

CORRESPONDENCE.

Uterinoscopy.

ED. MED. AND SURG. REPORTER:—

On account of the difficulties of diagnosing the different presentations by the sense of touch, and errors that frequently occur, I am led to suggest another mode, that I hope may assist, or, at any rate, enable the young doctor to distinguish the mouth from the anus. Hence I conceived the idea of using a uterinoscope, upon the same principle as the laryngoscope. The difficulties in using a uterinoscope during labor arise, first, from the collections of the uterine and vaginal secretions upon the mirror; second, to keep the walls of the vagina open, in order to insure the transmission of light upon the vaginal mirror. To prevent the secretions from collecting upon the mirror, I would suggest the use of a sponge and syringe to cleanse and wash out the vagina, and by elevating the patient's hips, or by placing her in the genupectoral position, so that the secretions will gravitate toward the fundus of the womb, we may effectually prevent their collection upon the mirror; and to keep the walls of the vagina separated I would advise the use of a vaginal dilator, or probably Sims' speculum. By using a small mirror, with the handle curved to suit the curve of Carus, with a wire running through a groove in the handle, and attached, one end to the mirror, the other terminating in a knob at the end of the handle, and by pushing the knob backward or forward, we may place the mirror in any angle that is required. I see no reason why we should not be able to look into the cavity of the womb while its mouth is dilated, after the membranes have ruptured, as well as into the trachea.

JOHN M. WHITE, M. D.

Pleasant Ridge, Ala.

Incompatible.

ED. MED. AND SURG. REPORTER:—

Iron and arsenic is such a favorite combination with the profession that the writer is induced to call their attention to a case in which the combination, frequently of late prescribed, is, doubtless, entirely incompatible. He refers here to that of dialyzed iron with Fowler's solution. It is well established that this preparation is a solution of ferric hydrate, in water, containing the minimum per cent. of ferric chloride to produce a permanent solution. Now, when the alkaline solution of arsenic is brought into contact with a well-prepared dialyzed iron, a gelatinous precipitate of ferric peroxyhydrate is the result. We know this oxide of iron, especially when freshly precipitated, is one of the best antidotes for arsenic, producing an inert arseniate of iron. Therefore, if the effect of the solution of arsenic and iron is desired in this recipe, it is undoubtedly the truth to say it is a

failure, for they are incompatible; but if arseniate of iron and peroxide of iron is desired—which the writer does not believe—then the expectation of the physician will be realized.

Philadelphia.

L. E. SAYRE.

Puerperal Eclampsia.

ED. MED. AND SURG. REPORTER:—

I wish to report a case in your journal, and gain some information, or an answer from some of your readers.

Mrs. A., aged seventeen, very ruddy and stout, gave birth to a healthy female child, being attended by an old lady of the neighborhood. Two hours after the child was born she had a violent fit; this was followed by two more, half an hour apart. They then sent for me, in great haste. It was five miles into the country, and when I arrived I found her quiet, but suffering from a violent headache, which she had been having for twelve hours. Gave her half a drachm of bromide of potassium, together with one grain of morphia, and left two half-drachm doses of bromide to be given, one in an hour, and the other the next morning. Her husband came to town the next day to tell me that she was all right. She had no more fits. Two years before she had an abortion; at five months, which was followed by a dozen fits, and recovered without any medical treatment. I pronounced them puerperal convulsions, from hyperæmia of the brain. This woman was not subject to fits of any kind, and I would like to ask if Dr. R. L. Moore, of Spring Valley, Miss., calls it a case of *real* puerperal eclampsia?

E. G. CARPENTER, M. D.

East Greenwich, R. I.

NEWS AND MISCELLANY

Chinese Opium Smoking.

The Chinese Government has passed a permissive edict calling upon the governors of the various provinces to suppress the indulgence of opium smoking. A prolonged notice of three years from the present date is given before the edict comes into force. It remains to be seen how far an edict of the Government is capable of suppressing a vice so deeply rooted in the Chinese nation as that of opium smoking.

Infant Mortality in Norway.

The mortality of new-born infants in Norway is, on an average, 11 per cent., while everywhere else it has been 15 to 20 per cent.; and it has always been less for female than for male infants. The small mortality is claimed to be due to the fact that the women in all classes of society always suckle their infants during the first year, and very often much longer.

The Yellow Fever at Fernandina.

We note the following telegrams:—

JACKSONVILLE, Fla., September 20.—There were seven deaths from yellow fever to-day in Fernandina, all white persons. Dr. Palmer is in a very critical condition. Fifteen new cases were reported to-day. Heavy rains for the past two days have caused an increase in the mortality. The weather to-night is very cool and stormy.

A contribution of \$300 from the Maritime Association of New York was received to-day, also contributions from Gainesville, Jacksonville and other points. Fifteen nurses have gone from here.

The large increase in the number of cases of yellow fever at Fernandina, and the increasing mortality, render contributions in money badly needed. It is hoped the North will respond to their appeal for help.

Military Surgery in the Turkish War.

A correspondent, writing from the Schipka Pass, says:—During the fighting, I spent some time with the surgeons working in the most advanced positions, and should like to bear testimony to their admirable devotion to duty and their skilled dexterity. In their eagerness to assist the wounded, the Russian surgeons somehow neglect the axiom that their quarters should be in a sheltered spot; but, indeed, on all the ridge it was hard to find a sheltered spot. The Turkish bullets whistled over and through the little group. Indeed, one patient received a fresh wound while the earlier one was being dressed; but the surgeons pursued their duties with a noble courage and disregard of risk. Their kind attention to the wounded, and their attention to trifles, such as supplying water, laving burning faces, and administering restoratives, filled me with admiration.

The correspondent of the *Daily News*, who was present at, and reported, the battle of Plevna, telegraphing from Bucharest, under date of 17th instant, says the Russian medical staff is overwhelmed, and great numbers of wounded are literally rotting and festering, being uncared for. As for the Roumanian army, its surgical arrangements are utterly inadequate. The surgeons make no concealment of the fact that a wounded man's time for being looked at comes, on an average, two days after he has been struck.

Personal.

—Dr. Homer Judd, D.D.S., resumes the editorial of the *Missouri Dental Journal*, assisted by W. H. Eames, D.D.S. The Dental Profession will welcome these names to the title-page of the journal which they graced so worthily for many years.

—Dr. Joseph D. Bryant has been appointed lecturer on general and descriptive surgical anatomy, at Bellevue Hospital College, in place of the late Prof. A. B. Crosby.

Items.

—The American Public Health Association held its fifth annual meeting in Chicago, Sept. 23d to 25th. A very interesting meeting took place.

—The Medical Society of Virginia will convene in Library Hall, corner of Bollingbrook and Sycamore streets, in the city of Petersburg, Va., at 7½ p. m., Tuesday, October 23d, 1878.

—Robert McClure, a veterinary surgeon, has been convicted, in this city, of selling bogus diplomas of a defunct veterinary college, which, as its president testified, had not been in existence for the last fifteen years.

—The European health resorts have been crowded this year. The London *World* of September 5th announces no fewer than 40,000 visitors at Wiesbaden; 20,000 at Baden, despite the withdrawal of the gambling-tables; 14,000 at Aix-la-Chapelle; more than 11,000 at Ems, and 10,000 at Pyrmont. The lowest on the list in Germany is little Rewahl, with 44 guests. The French springs and seaside resorts are equally thriving, and more visitors are reported by the *Epoca* at the Spanish resorts than ever before.

—A writer in the *Fortnightly Review* says that the cat is more sensitive to rarefied air than any other animal organism. Attempts to acclimatize it at Potosi, Bolivia, 13,000 feet above the sea, have failed. It has remarkable tetanic fits, beginning like St. Vitus' dance, and after spasms, in which it leaps, violently up the side of a house, dies in convulsions. Cats born 7300 feet above the sea are deaf.

—In the *Revue de Therapeutique Medico-Chirurgicale* mention is made of a death having occurred from attempts to dilate a narrowed os uteri by means of sponge tents. Peritoneal effusion, and an abscess containing an ounce and a-half of pus beside the neck of the uterus, were found *post-mortem*.

—Since the famine began in India, it is estimated that 500,000 people have died of want and distress.

—Milk taverns are strenuously advocated in Great Britain.

MARRIED.

BILL-STICKLAND.—At Twin Lake, Wis., Sept. 15, 1877, by Rev. R. C. Parsons, D. B. J. Bill, of Genoa, Wis., and Miss Sarah Stickland, of Randall, Wis.

CARDER-SHRADER.—On the 12th of September, 1877, by Rev. Mr. Creg, J. B. Carder, M.D., of Garden Grove, Iowa, and Miss S. Adella, daughter of Prof. Shrader, M.D., of Iowa City, Iowa.

KENDALL-WILLIAMS.—At the residence of Mrs. Page, in Prescott, Arizona, July 24th, 1877, Dr. George D. Kendall, formerly of Cincinnati, Ohio, and Miss Nellie Williams, of Prescott.

DEATHS.

PAYNE.—Dr. Nettleton H. Payne died in Hannibal, Mo., July 27th, aged 42 years.

TUTTLE.—In Barnet, Vermont, August 8th, Dr. S. Tuttle, aged 80 years.